

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043576

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 767

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 1 mo 23 days	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. MEDICAL CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 225 W 61K.
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First William Middle Nicholas Last FANNING	4. DATE OF DEATH Month 12 Day 19 Year 61
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5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-11-59	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINOR	10b. KIND OF BUSINESS OR INDUSTRY MINOR	11. BIRTHPLACE (City and state or country) St. Joseph Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME W. FRED FANNING	13b. MOTHER'S MAIDEN NAME ELSIE TAYLOR	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT UNIVERSITY OF MO. MEDICAL RECORDS	Address Records
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 months
IMMEDIATE CAUSE (a) LOBAR PNEUMONIA + SEPTICEMIA with embolization		
DUE TO (b) None		
DUE TO (c) MALIGANT NON-LIPID RETICULOENDOTHELIOSIS (Letterer-Siwe's Disease)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombocytopenia + Neutropenia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 11:30 a.m. 12 p.m. 14	Month 12 Day 14 Year 61
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St Joseph	COUNTY Mo	STATE Mo
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21. I attended the deceased from June 2, 1961 to December 1961 and last saw her alive on December 13, 1961 Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Harris M.D.	22b. ADDRESS 407 Turner Columbia, Mo	22c. DATE SIGNED 12/14/61
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-14-61	23c. NAME OF CEMETERY OR CREMATORY St Joseph	23d. LOCATION (City, town, or county) (State) Mo
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24. FUNERAL DIRECTOR John E. Stupp	ADDRESS St Joseph Mo	25. DATE RECD. BY LOCAL REG. Dec 18 1961	26. REGISTRAR'S SIGNATURE Miss R E Palmer
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

BY _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Papp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in HIS OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.